

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007385

FILED
Mar 31, 2010
Secretary of State

Entity Name: SUNWIZE TECHNOLOGIES, INC.

Current Principal Place of Business:

1155 FLATBUSH RD.
KINGSTON, NY 12401

New Principal Place of Business:

Current Mailing Address:

1155 FLATBUSH RD.
KINGSTON, NY 12401

New Mailing Address:

FEI Number: 61-1511327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: KULIK, DAVID
Address: 1155 FLATBUSH RD.
City-St-Zip: KINGSTON, NY 12401 US

Title: PD
Name: KALTSAS, DAVID
Address: 111 SAINT JOHN STREET STE 1200
City-St-Zip: SAN JOSE, CA 95113 US

Title: STV
Name: ASHIKARI, HIROSHI
Address: 1155 FLATBUSH ROAD
City-St-Zip: KINGSTON, NY 12401 US

Title: V
Name: STEVENSON, JAMES
Address: 8830 ROCHESTER AVE., STE 100
City-St-Zip: RANSHO CUCAMONGA, CA 91730 US

Title: V
Name: PANICO, DAVID
Address: 1155 FLATBUSH RD.
City-St-Zip: KINGSTON, NY 12401 US

Title: V
Name: GARVISON, PAUL
Address: 111 SAINT JOHN STREET STE 1200
City-St-Zip: SAN JOSE, CA 95113 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID PANICO

V

03/31/2010

Electronic Signature of Signing Officer or Director

_____ Date